

Application for appeal

Child of or under statutory school age

Please complete this form in CAPITAL LETTERS.

Contact Details

The tribunal's preferred method of communication is by email, phone or text. Therefore, it is crucial that you let the tribunal know of any change of email or phone number.

Section 1: Your child's details

Surname

Gender

☐

Boy

☐

Girl

First name(s)

Date of birth

/
 /

Home address

Postcode

Name and address of youth accommodation at which your child is detained

Date of sentence or remand or recall order

/
 /

Length of sentence or detention order

Anticipated date of release

/
 /

Postcode

Section 2: What are you appealing against?

Please tick all those that apply:

- ☐ I (or the person in charge of the custodial establishment) requested an assessment of my child's EHC needs but the Local Authority refused to secure an EHC needs assessment
- ☐ The Local Authority has secured an assessment of my child's EHC needs but refused to make an EHC plan
- ☐ The Local Authority made an EHC plan which will come into effect post detention
- AND
- ☐ I disagree with what the EHC plan says about my child's educational needs
- ☐ I disagree with what the EHC plan says about the educational help/provision my child should receive
- ☐ I disagree with the school named in Part I of the EHC plan
- ☐ The Local Authority has not named a school in Part I of the EHC plan

I disagree with the Local Authority's (LA's) decision because:

I disagree with the description of my child's difficulties because:

My child's difficulties are:

I disagree with the LA description of my child's provision because:

The help that my child requires to learn is:

I disagree with the LA's choice of school/institution because:

I prefer my choice of school/institution because:

(please continue on a separate page is necessary)

Section 3: Your appeal

Which Local Authority made the decision against which you are appealing?

On what date did the Local Authority send you the letter giving their decision?

/

If the Tribunal agrees, do you agree that the appeal can be determined on the written evidence without an oral hearing?

☐ Yes ☐ No

I consent to the final hearing of the appeal being listed on an earlier date if one becomes available

☐ Yes ☐ No

I consent to the local authority obtaining the child's views on the issues in the appeal to submit to the Tribunal with their response

☐ Yes ☐ No

Existing claims/appeals

Is there another current appeal in relation to this child, that is being dealt with at the moment?

☐ Yes ☐ No

If Yes, please give the appeal number

Do you have an existing Disability Discrimination Claim for this child?

☐ Yes ☐ No

If Yes, please give the

date of claim

/

claim number

If possible, would you like these appeals to be heard at the same time?

☐ Yes ☐ No

Section 4: Your contact details

Parent One

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

☐ Other _____

Surname

First name(s)

Relationship to the child (eg. parent, guardian, foster parent or person who has care of the child)

Email address

If any other person or organisation shares parental responsibility for the child please give the name and address of each person or organisation and confirm that you have notified them of the appeal:

If you believe they should not receive details of the appeal, please explain why

Parent Two

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

☐ Other _____

Surname

First name(s)

Relationship to the child (eg. parent, guardian, foster parent or person who has care of the child)

Email address

Home address

Postcode

Daytime phone number

Mobile phone number

Your representative

Is your representative legally qualified? ☐ Yes ☐ No

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

☐ Other _____

Surname

First name(s)

Profession and organisation

Address

Postcode

Daytime phone number

Mobile phone number

Email address

Who should receive information about the appeal?

We can only send papers and documents to one of the people named on this form. If you do not say otherwise, we will send them to your representative. If you do not have a representative we will send them to the first named parent.

☐ Parent One ☐ Parent Two ☐ Representative

Section 5: Witnesses

If you have any witnesses please give their details below

Name of Witness 1

Profession

Name of Witness 2

Profession

Name of Witness 3

Profession

Section 6: The hearing – your needs and requirements

Please tell us here about any special needs you may have which we need to take into account when arranging your hearing. This might be things such as hearing loops or disability access.

Question 1 - Your needs

Do you have any special needs?

☐ Yes ☐ No

If Yes, please tell us about this in the box below

Question 2 - Your signer or interpreter and language requirements

Do you require a interpreter or signer to assist you at the hearing?

☐ Yes ☐ No

If Yes, please tell us the language and dialect required below

Language or type of sign language interpreter

Dialect

We will arrange for a professional interpreter to be present at the hearing.

Section 7: Checklist

I confirm that the following documentation is enclosed with this appeal form:

- ☐ A signed and dated letter from the Local Authority giving you the right of appeal to HM Courts & Tribunals Service (Local Authority decision letter)
- ☐ A copy of the signed mediation certificate or I confirm that my appeal is about the school/institution or type of school/institution only and no certificate is necessary
- ☐ Your reasons for making the appeal (see section 2 of the appeal form)
- ☐ A copy of your child's EHC plan and all the documents listed in Part K (where a plan has been issued)
- ☐ The appeal form has been signed and dated by parents/parental representative making the appeal

Section 8: Please sign below

1st Parent signature

If you are sending your appeal via email please type your name in the signature box.

2nd Parent signature

Representative signature

(a qualified lawyer can sign on your behalf with your permission)

Who are you representing?

- ☐ 1st Parent
- ☐ 2nd Parent

Date //